



# PROMOTING **SUSTAINABLE** RECOVERY-FOCUSED SYSTEMS CHANGE

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# Overview

- Elements of a Recovery Oriented System of Care
- Essential ingredients for leading a successful recovery-focused system transformation effort
- Strategies for sustaining momentum
- Your role moving forward



# Common Myths About ROSC

- The primary focus is adding peer support to a service setting or system
- Small tweaks are all that is necessary to make services more recovery-oriented

# 3 Approaches to Developing a ROSC

## ADDITIVE

**Adding peer and community based recovery supports to the existing treatment system.**

## SELECTIVE

**Practice and Administrative alignment in selected parts of the system – e.g. pilot projects.**

## TRANSFORMATIONAL

**Cultural, values based change drives practice, community, policy and fiscal changes in all parts and levels of the system. Everything is viewed through the lens of and aligned with recovery oriented care.**

# 7 Building Blocks for the Development of a ROSC

1. Align Treatment with a Recovery-oriented Approach
2. Fully Integrate Peer and Other Recovery-Support Services
3. Mobilize and Activate Recovery Communities
4. Integrate Recovery-Oriented Performance Improvement and Evaluation
5. Promote Population and Community Health with a Focus on Prevention, Early Intervention and Health Promotion
6. Ensure Individualized Services (Responsive to Gender, Culture, Trauma, etc)
7. Facilitate Administrative Alignment via Fiscal, Policy and Regulatory Alignment

# Building Block One: **Aligning Treatment**

- Assertive Outreach and Engagement
- Global Assessments
- Holistic, Person-Directed Service Planning
- Collaborative Service Relationships
- Integrated Service Teams
- Individualized Services with Flexible Menus
- Appropriate Scope, Dose and Quality
- Assertive Linkages to Communities of Recovery and Community Resources
- Peer Culture, Support and Leadership
- Continuing Support and Early Re-intervention

# Assertive outreach, engagement, and early intervention

“My clients don’t hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. **The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope**”.

Outreach Worker (Quoted in White, Woll, and Webber 2003)



# Holistic Screening, Assessment, and Service Planning

- Global vs. categorical assessment
- Continual assessments
- Assessing recovery capital
- Changing our Questions
- Person-driven Goals
- Promoting true collaboration and participatory processes
- Leveraging strengths and challenges



# DO THESE VALUES LEAD TO OUTCOMES?

Example: Western New York Care Coordination Program (Janice Tondora, Yale Program on Recovery and Community Health)

Outcomes Achieved:

- 68% Increase in competitive employment
- 43% decrease in ER visits
- 44% decrease in inpatient days
- 56% decrease in self-harm
- 51% decrease in harm to others
- 11% decrease in arrests

# PARTNERSHIP-CONSULTANT RELATIONSHIPS

- Partnership and Collaboration
- Individualized Services
- Menu of Services



# Continuing Support



## Limited Sustained Support

Leads to the Revolving Door of Treatment

SUD Treatment models are usually short-term, episodic, acute care approaches.



## Community Integration

“The central concern of engagement shifts from *How do we get the client into treatment?*

to *How do we nest the process of recovery within the person's natural environment.*”

William White



WHAT DOES IT MEAN FOR SERVICES TO BE  
COMMUNITY-BASED?

# Building Block Two: Integrating Peers and Other RSS



# A Challenge with Conventional Systems of Care

PRIMARYLY  
CLINICALLY  
FOCUSED



# RSS Address Lifestyle and Environmental Factors

These  
account for

**70%**

OF  
HEALTHCARE  
OUTCOMES



# Common Implementation Challenges to Address

- Peers report feeling isolated
- Staff are often distrustful or threatened by peers
- Drift towards professionalization or perform in traditional service roles
- Difficulty integrating into service teams
- Supervision often does not match the unique peer support role
- Low or no pay
- Lack of career advancement opportunities
- Dose of support does not match intensity of need
- Unclear differentiation between
  - volunteers and paid coaches
- Peers not supporting multiple pathways
- Limited system guidance
- Peer support appears in pockets throughout a system rather than integrated throughout
- Recovery Coaches are primarily site-based just like other agency staff
- Neither system nor providers can demonstrate outcomes
- Minimal Role clarity
- Inadequate training that does not address key issues
- Providers receiving minimal guidance from system administrators and not reaching out to peer run organizations for support

A close-up photograph of a person's foot wearing a black sneaker with white laces, stepping onto the handle of a shovel. The shovel is partially buried in dark, rich soil. The background is a soft-focus green, suggesting a garden or natural setting. The overall tone is one of active engagement and growth.

# STRATEGIES FOR SUCCESSFUL IMPLEMENTATION

Prepare the environment for continued change

# Provider Level Strategies for Successful Implementation

- Focus on culture change and practice change
- Involve staff in developing job descriptions
- Identify and train appropriate supervisors
- Identify additional training needs of recovery coaches. e.g.
  - Documentation
  - Engagement
  - Crises management
  - Recovery/person centered planning
  - Relationship building
  - Ethics and boundaries
  - Stages of change
  - Mobilizing volunteers
  - Working across cultures, etc.

# Provider Level Strategies for Successful Implementation

## **Create multiple feedback loops**

Align policies and practices

## **Set expectations around collaboration**

Develop clear job descriptions and selection process

## **Define the role of volunteers**



# System Level Strategies for Successful Implementation

- Do not underestimate the complexity of implementation
- Embed peer support strategies in a larger context of systems change
- Actively promote provider readiness and attend to system stages of change



# System Level Strategies for Successful Implementation

- Create training opportunities for providers and supervisors
- Establish learning communities
- Create a state-wide network
- Establish mechanisms to promote continued quality improvement across the system
- Promote career advancement opportunities
- Establish supervision protocols for peers
- Clarify critical policies and procedures related to implementation, e.g. response to relapse,

# System Level Strategies for Successful Implementation

- For SUD recovery coaches, equip peers with the knowledge and skills for longer-term coaching
- Evaluate existing peer support services with a recovery-oriented evaluator
  - Process data
  - Outcome data
  - Cost-benefit analyses

# Building Block 3: Mobilize and Activate Recovery Communities





# Building Block 4: Recovery Oriented Performance Improvement and Evaluation





LEADERSHIP

**SUSTAINING YOUR EFFORTS**  
STRATEGIES AND LESSONS LEARNED

# Strategies for Sustaining Your Systems Change Efforts

***Aligning Concepts:***  
Changing how we think



***Aligning Practice:***  
Changing how we use language  
and practices at all levels;  
implementing values based  
change

***Aligning Context:***  
Changing regulatory/physical environment, policies and procedures,  
enlisting community support

# Sustaining Your Efforts: Conceptual Alignment

- 1. Create Sense of Urgency Beyond Your Team (Why Change?)**
- 2. Co-Develop Potential Future State – Shared Vision**
3. Communicate the Vision
4. Identify Values and Guiding Principles
5. Create an Effective Guiding Coalition
6. Utilize NUMEROUS Inclusive Participatory Processes to Gain Buy-In and Ownership
- 7. Connect the Vision to Key Current Priorities and/or Initiatives**
- 8. Pay Attention to Political Context and Leverage When Possible**

# Sustaining Your Efforts: Conceptual Alignment

## **Lessons Learned about Potential Pitfalls**

- No DEDICATED point person
- Inconsistent efforts that don't build on and create more momentum
- Decide what's coming next...
- Under-reliance on leadership and over-reliance on management

# Management vs. leadership

"A successful transformation is 70 to 90 percent leadership and only 10 to 30 percent management." John Kotter

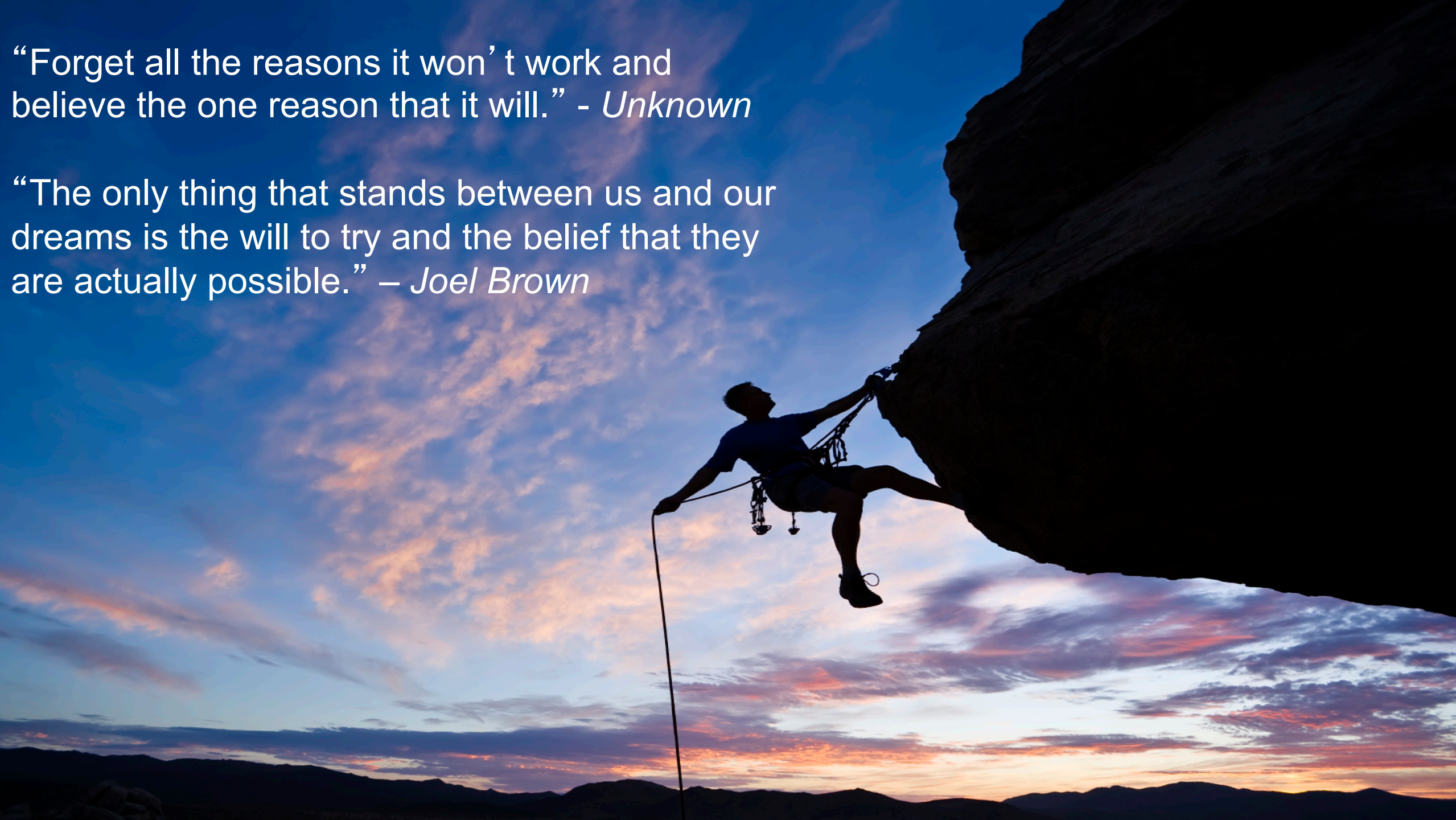
Management	Leadership
Planning and Budgeting: Establishing detailed steps and timetables for achieving needed result	Establishing Direction: Developing a vision of the future and strategies for producing needed changes to achieve the vision
Organizing and Staffing: Establishing some structure for accomplishing the plan, delegating responsibilities, providing policies and procedures	Aligning People: Communicating direction in words and deeds to all those whose cooperation may be needed to create teams that understand the vision
Controlling and Problem solving: Monitoring results, identifying deviations from the plan, then solving problems	Motivating and Inspiring: Energizing people to overcome major political, bureaucratic, and resource barriers to change
Produces Predictability and Order	Produces Dramatic Change

# Sustaining Your Efforts: Practice Alignment

- Prioritize practice changes: What's the low hanging fruit? What might serve as the next catalyst for additional change?
- Identify Universal Technical Assistance Approaches
  - Practice Guidelines
  - Toolkits
  - Webinars
  - Self-assessments
- Identify Targeted TA Approaches
  - RFPs, learning collaboratives, Disseminating lessons learned and promising innovations, strategic support of RCOs, Unit Transformation Plans

“Forget all the reasons it won’t work and believe the one reason that it will.” - *Unknown*

“The only thing that stands between us and our dreams is the will to try and the belief that they are actually possible.” – *Joel Brown*



**Change almost never fails  
because it's too early.  
It almost always fails because it's too late. – Seth  
Godin**

**The Time for Change is NOW!**

**What's Next for Your Team?**



# Your Efforts to Integrate Recovery Oriented Services are **Transforming Lives!**

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